



U.S. Agency for  
International  
Development

Bureau for  
Global Health

# COUNTRY PROFILE

HIV/AIDS

## GUINEA

Evidence from the United States Agency for International Development (USAID)/Guinea-sponsored HIV Seroprevalence Study (December 2001) indicates that 2.8 percent adults or an estimated 200,000 Guineans were living with HIV/AIDS by the end of 2001. This represents a 1.3 percent in the estimated adult population living with HIV/AIDS in 1996.

Estimated Number of Adults and Children Living with HIV/AIDS (end 1999)	91,000*
Total Population (2001)	8,247,000
Adult HIV Prevalence (end 2001)	2.8%*
HIV-1 Seroprevalence in Urban Areas	
Population at High Risk (i.e., sex workers and clients, STI patients, or others with known risk factors)	36.6%
Population at Low Risk (i.e., pregnant women, blood donors, or others with no known risk factors)	1.5%

Sources: UNAIDS, U.S. Census Bureau

\*The 2001 Seroprevalence Survey

The results of the 2001 Seroprevalence Study further indicate that the epidemic remains concentrated in certain high-risk populations, with prevalence rates much higher than that of the general population. These include commercial sex workers (CSWs) among whom 42 percent were reported to be HIV positive; transporters with prevalence of 7.3 percent; military personnel with 6.6 percent prevalence; miners with prevalence of 4.7 percent; and TB patients with prevalence of 16.1 percent. Although Guinea has taken longer than other countries to reach current levels of infection, evidence suggests that once this level is reached, it takes only a short time for rates to double or triple

Proximity to high prevalence countries, a large refugee population from neighboring countries, internally displaced people, and general political instability of the subregion are critical factors in the spread of the epidemic in Guinea. Compared to other countries in the subregion, Guinea still has the opportunity to take effective and early action to prevent a rapid increase in the country's epidemic.

HIV prevalence in the capital city of Conakry, where 20 percent of Guinea's population resides, is reported to be 5 percent. Tests of pregnant women in urban areas in Guinea indicate HIV infection of 4.4 percent. This represents a 3 percent increase over the last reported estimate of infection among pregnant women by the Joint United Nations Programme on HIV/AIDS (UNAIDS) in 1996. Approximately 30,000 Guinean children have lost one or both parents to AIDS since the epidemic began, and according to UNAIDS, 2,700 of the 3.3 million children under the age of 15 in Guinea, are living with HIV/AIDS.



Map of Guinea: PCL Map Collection, University of Texas

According to the 1999 Demographic and Health Survey, 95 percent of women and 96 percent of men had heard of AIDS, but 30 percent of all respondents cited erroneous prevention information or said they knew of no way to stop the spread of AIDS. In addition, the 2001 Seroprevalence Study reports that having multiple sexual partners is a common practice. Thirty percent of those asked had not used a condom with occasional partners or CSWs in the previous year. Particularly high rates of noncondom use were found in tuberculosis patients (70

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percent), truck drivers (68 percent), and the military (40 percent). Among youth and adolescents, mine workers, and CSWs—35 percent, 30 percent, and 27 percent, respectively—had not used a condom with an occasional partner during the previous year.

Most HIV/AIDS cases in Guinea occur in young people. The peak age group is 20 to 39, which accounted for 77 percent of total AIDS cases as of 1998.

## **National Response**

The Government of Guinea (GOG) responded to the discovery of the first AIDS cases in Guinea in 1986 with the creation of a National AIDS Committee (NAC). Several AIDS control plans were subsequently elaborated, culminating in a National AIDS Control Policy signed into law on November 25, 1998. The policy outlined the institutional framework of the national response at the central, prefecture, and subprefecture levels. The impact of the response was weak primarily because of a lack of commitment, poor leadership, and inadequate resources.

A World Bank-funded strategic analysis of the GOG's multisectoral response to AIDS was completed in January 2002. The strengths of the current GOG response include: existence of a policy that simultaneously is multisectoral in scope and decentralized in implementation; multisectoral involvement of other ministries, in addition to the Health Ministry; and the directorship of the NAC with the Prime Minister's Office.

However, despite these encouraging findings, weaknesses in the current government response far outweigh the strengths, and include: inadequate human, material, and financial resources; weak intersector collaboration; weak collaboration among the implementing agencies; weak implementation; nonfunctioning of the NAC technical committees and ministry point people; and a lack of monitoring and evaluation support for prefecture-level committees.

In response to this analysis, in February 2002, the Health Ministry's National AIDS Control Program (NACP) was reorganized into the Health Ministry's National Health Program of Care and Support Prevention (NHPCSP). The NHPCSP manages all clinical elements of the Guinean government's response to the epidemic: surveillance, testing, counseling, and support for persons living with HIV. The Ministry of Communication manages behavior change communication and sensitization, while the Ministry of Planning supervises epidemiological research. The Prime Minister is responsible for the direction and coordination of all AIDS prevention activities, through the National AIDS Commission. Leadership of the NAC recently moved from the Ministry of Health (MOH) to the Prime Minister's Office.

The Guinean response to the AIDS epidemic is well intentioned, but nascent. Since 1996, there has been no HIV sentinel surveillance program in the country. Likewise, the country does not have a voluntary counseling and testing program, nor does it have a program that works to reduce the transmission of HIV from mother to child. At this point, the Guinean response has focused exclusively on prevention.

High-level political recognition of the epidemic has progressed; however, and the government appears to acknowledge that the epidemic could devastate and destabilize the nation. On World AIDS Day 2001, for example, the President of Guinea spoke publicly about the reality of AIDS in Guinea for the first time. The Prime Minister has addressed religious leaders on AIDS and family planning issues, and the MOH has reacted constructively to the findings of the HIV Seroprevalence Survey.

Overall, donors are optimistic that the newly organized NHPCSP and the establishment of a multisector AIDS Council under the leadership of the Prime Minister will revitalize the national response to AIDS.

## **USAID Support**

In FY 2001, the United States Agency for International Development (USAID) allocated \$2.2 million to HIV/AIDS programs in Guinea, an increase from \$1.7 million in FY 2000, and \$1.2 million in FY 1999. The USAID/Guinea HIV/AIDS strategy aims to contain the spread of HIV into the general population in two main ways: 1) preventive measures targeted at specific high-risk groups and high prevalence areas, and 2) activities across sectors to influence political

commitment, policy, institutional setting, multisector programming, and the engagement of civil society. In both cases, changes in personal perception of risk and sexual behavior are the primary tenets of the strategy. Interventions also extend further along the prevention-to-care continuum to include strengthening of VCT services and reestablishment of surveillance sites so that seroprevalence rates and program impact can be monitored.

Recognizing that its current activities are not enough to avert a potential HIV/AIDS crisis in Guinea, USAID is developing a more comprehensive strategy to prevent the epidemic's spread. This strategy will intensify prevention efforts in high-risk populations, such as miners, the military, commercial sex workers, and adolescents; focus on other high-risk populations like transporters; and expand prevention efforts beyond the health sector and into the education, agriculture, and microfinance sectors. A major effort will be made to collaborate with partners already active in HIV/AIDS prevention and mitigation.

USAID supports the following country programs:

### ***Advocacy***

USAID works to engage decision-makers at all levels of Guinean society (e.g., politicians, religious leaders, and community leaders) to reduce stigma and discrimination and to strengthen HIV/AIDS advocacy efforts. In FY 2003, USAID will contribute to the development of a national consensus on HIV/AIDS prevention.

### ***Behavior Change Communication***

USAID/Guinea supports a range of information, education, and communication activities, with a special emphasis on high-risk groups such as adolescents, transporters, the military, and miners. Radio soap operas, radio call-in-shows, rock concerts, religious videos, workshops, sales promotions, and sports activities are a few of the innovative media used to promote HIV prevention. The Mission works to cultivate support from culture, community, and religious leaders to lend credibility to behavior change activities. In addition, a behavior change communication project in Upper Guinea uses peer education, advocacy, community involvement, and health center branding to increase demand for HIV prevention products and services.

### ***Condom Social Marketing***

A nationwide private sector social marketing project supported by the Mission has dramatically improved the availability of condoms throughout Guinea—condoms are now available in 89 percent of Guinean subprefectures. Community-based distributors are trained both to provide HIV/AIDS information and sell condoms. From 1998 to 2001, annual sales in the private sector doubled, most recently reaching more than 6 million units.

### ***Education***

USAID supports efforts to incorporate HIV/AIDS awareness in teacher training sessions and is also developing a manual that instructs teachers on how to address HIV/AIDS prevention in the classroom. HIV/AIDS messages are integrated into interactive radio lessons that are broadcast on national radio stations to schools throughout the country. These HIV/AIDS messages also reached a wide nonstudent audience. In addition, USAID/Guinea includes HIV/AIDS themes as a component of training for Parent/Teacher Associations and civil society groups that promote girls' education.

### ***Multisectoral Activities***

On March 1, 2001, USAID/Guinea released a Mission order mandating the inclusion of HIV prevention messages in all USAID-funded events. The order has raised awareness and promoted dialogue among all USAID/Guinea partners about the possible impact of HIV/AIDS on their sectors and the need for HIV prevention.

## ***Sexually Transmitted Infection (STI) Management***

A major activity in the public sector is the integration of STI and HIV/AIDS prevention and services into the routine work of health centers in Upper Guinea, the Mission's target region. Service providers are trained in STI service delivery, including the syndromic approach, supervision and counseling, as well as referral services. Likewise, partners are instructing health center staff members in integrating STI syndromic care in the package of services provided. Drugs are essential in STI management and the Mission has given priority to improving the MOH's weak drug logistics system.

## ***Surveillance***

With the World Bank, the World Health Organization, and the United Nations Children's Fund, USAID assists the National AIDS Program (*Programme Nationale Lutte Contre le SIDA*) in strengthening its capacity to monitor the epidemic, beginning with the December 2001 Seroprevalence Survey.

## ***Challenges***

USAID/Guinea cites the following challenges to HIV prevention in the country:

- **Poverty:** Despite being endowed with tremendous natural resources, Guinea remains one of the poorest nations in the world. The country's long history as a socialist economy, low literacy rates, and unattractive business climate combine to perpetuate poverty.
- **Political Instability:** The risk of HIV transmission is heightened in situations of conflict and increased population migration. At one stage, Guinea hosted about 1 million refugees—primarily from Sierra Leone and Liberia—due to political instability in the subregion; more recently, 250,000 Guineans were displaced as a result of cross-border attacks by rebels from Sierra Leone and Liberia.
- **Male Sexual Behavior:** Men function as a bridge between high-risk groups and the general population. According to the 2001 Seroprevalence Survey, only 27 percent of males used a condom in their last sexual encounter with a non-regular partner; 25 percent had multiple partners in the last year; and 34 percent of married men are polygamous.
- **Male Sexual Perceptions:** The majority of men underestimate their risk; the 2001 survey reported that 92 percent of men in Forest Guinea and Conakry believed they were at no risk of acquiring HIV.

## ***Selected Links and Contacts***

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2. National AIDS Program: Dr. Hadja Mariama Djelo Barry, National HIV/AIDS Program Coordinator, Conakry, Guinea. E-mail: [cnisida02@yahoo.fr](mailto:cnisida02@yahoo.fr).
3. PSI/Guinea: OSFAM, B.P. 4111, Arret Sogetrag, Cite Ministerielle-Donka, Conakry, Guinea. Tel: (224) 41-32-15, Fax: (224) 41-24-55, E-mail: [bstringfellow@biasy.net](mailto:bstringfellow@biasy.net).
4. UNAIDS: Dr. Damien Rwehgera, Regional Technical Adviser, UNICEF. (224) 22-87-46, Ivory Coast. E-mail: [rwegerad@aviso.ci](mailto:rwegerad@aviso.ci).

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